



## *City of Milford, Connecticut*

-Founded 1639-

70 West River Street – Milford, CT 06460-3317

Tel 203-783-3280 Fax 203-783-3284

[www.milfordrecreation.com](http://www.milfordrecreation.com)

### **Procedure Outlining the Permit Process for the Use of City Facilities**

An “Application for the Use of City Facilities” shall be made in writing to department responsible for the facility (see page 2) at least thirty - (30) days in advance of the event.

1. Contact the department responsible for the requested facility to determine if the date(s) are available. (see page 2.)
2. Obtain and complete an “Application for the Use of City Facilities” from said department or from the City’s website at [www.ci.milford.ct.us](http://www.ci.milford.ct.us) in Document Center under General Documents <http://www.ci.milford.ct.us/files>
3. Contact your insurance agent to obtain a **Certificate of Insurance & Endorsements** (see attached Insurance Requirements and Examples).
4. **Obtain all sign offs** on page 2 of the application from the departments listed below in numbers 5 – 9. **The Department responsible for the facility is the final sign off (see #10)**
5. Contact the **Public Works Department (783-3265)** to obtain Electricity, Garbage Cans, Safety Fencing, Tables/Chairs, Restrooms, and Restrooms Supplies (fee may be charged).
6. Contact the **Milford Health Department (783-3285)** for licensing and health guidelines if your event is open to the public and food/beverages will be served.
7. Contact the **Fire Marshal’s Office of Milford Fire Department (874-6321)** if your event will be setting up auxiliary tents/structures, electricity/generators, carnival type games, etc., or will be sponsoring a bon-fire. (Charcoal grills / Open fires are PROHIBITED)
8. Contact the **Patrol Division of the Milford Police Department (878-6551)** for security, crowd control, traffic control (the sponsoring organization shall be responsible for providing police coverage). If your event is a road race/walk see special instructions on page 2.
9. Contact the **Recreation Department (203-783-3280)** for all recreation facilities.
10. Have the **Indemnity Agreement** on page 4 of the application notarized, then submit the **application**; along with **appropriate fees (application and other)**; **Certificate of Insurance and Endorsements** to the department responsible for the facility for final approval and permit.

**Facility**

City Hall Auditorium

**Responsible Department**

Community Development 203-783-3230

[ddiamond@ci.milford.ct.us](mailto:ddiamond@ci.milford.ct.us)

Library Program Room

Library Business Office 203-783-3291

[thomasd@ci.milford.ct.us](mailto:thomasd@ci.milford.ct.us)

Parsons Complex Conference Rooms

Community Development 203-783-3230

[ddiamond@ci.milford.ct.us](mailto:ddiamond@ci.milford.ct.us)

Parsons Veteran's Memorial Auditorium

Public Works 203-701-4542

[lweinstein@ci.milford.ct.us](mailto:lweinstein@ci.milford.ct.us)

Milford Lisman Landing

Milford Lisman Landing 203-874-1610

[rswift@ci.milford.ct.us](mailto:rswift@ci.milford.ct.us)

Milford Senior Center

Senior Center 203-877-5131

[jmjmilfordseniorcenter@yahoo.com](mailto:jmjmilfordseniorcenter@yahoo.com)**For All Other Locations**

Recreation Department at 203-783-3386

[ppiscitelli@ci.milford.ct.us](mailto:ppiscitelli@ci.milford.ct.us)**Road Race / Walk Special Instructions**

The organizers of road races/walks shall submit the following information to the Traffic Division of the Milford Police Department.

Traffic Division can be reached at (203) 878-5244 or [Traffic@ci.milford.ct.us](mailto:Traffic@ci.milford.ct.us) and the required information can be emailed.

*Be sure to include the following in your correspondence:*

1. A copy of the required insurance and a copy of the indemnity agreement
2. A letter to the Chief of Police stating the following:
  - a. Name of Race/Walk
  - b. Date/Time/Location
  - c. Map of the route, including where volunteers will be posted, water and aid stations
  - d. Start/Finish time, including the time of race day registration
  - e. Anticipated attendance
  - f. Number of officers requested/needed (minimum of 1 officer)

The organizers of road races / walks that plan to use the Silver Sands Boardwalk within the boundaries of Silver Sands State Park must also contact Mr. Joseph Maler of CT DEEP at 203-735-4311 or [joseph.maler@ct.gov](mailto:joseph.maler@ct.gov)



# APPLICATION FOR USE OF CITY FACILITIES

**APPLICANT:** \_\_\_\_\_

**CONTACT (1):** \_\_\_\_\_  
(Name) (Address) (E-Mail)

\_\_\_\_\_  
(Home Phone) (Bus. Phone) (Cell)

**CONTACT (2):** \_\_\_\_\_  
(Name) (Address) (E-Mail)

\_\_\_\_\_  
(Home Phone) (Bus. Phone) (Cell)

**PURPOSE OF EVENT:** \_\_\_\_\_

**IS THIS AN OVERNIGHT EVENT:**  Yes  No

If Yes, please described: \_\_\_\_\_

**DATE(S) REQUESTED:** \_\_\_\_\_ **TIME(S):** \_\_\_\_\_

**FACILITY REQUESTED** (Check Appropriate Box Below): Contact the Recreation Department for all facilities, except where noted.

- Margaret Egan Center
- McCann Natatorium
- Milford Library, Program Rm. **Library**
- Milford Lisman Landing **Lisman Landing**
- Milford Senior Center **Senior Center**
- Other: \_\_\_\_\_

- TRUBEE DOOLITTLE**
- Beach
  - Field
  - Playground
  - Other: \_\_\_\_\_

- WALNUT BEACH**
- Beach
  - Casey Pavilion
  - Rotary Pavilion
  - Other: \_\_\_\_\_

- PARSONS GOVERNMENT CENTER**
- Veterans Mem. Auditorium **Public Works**
  - Gymnasium
  - Conference Room **Community Dev**
  - Other: \_\_\_\_\_

- EISENHOWER PARK**
- Lower North Street Area
  - North Street Pavilion
  - West River Street
  - Tennis Courts
  - Other: \_\_\_\_\_

- FOWLER FIELD**
- Ballfields
  - Basketball Courts
  - Rotary Pavilion
  - Tennis Courts
  - Other: \_\_\_\_\_

- CITY GREEN**
- Center Green
  - Green's End
  - Lower Green
  - North Street
  - Other: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**\*\*If your request is for the Parsons Veterans Memorial Auditorium, you must contact Public Works at 203-701-4542 to confirm availability and complete page 3\*\***

**ESTIMATED # OF ATTENDEES:** \_\_\_\_\_

\*\*If for security measures, the City of Milford its agents and/or representatives determines it is necessary for traffic and/or crowd control, the applicant shall be required to provided police coverage at its sole cost and expense.

**WILL ADMISSION/EXHIBITOR FEE BE CHARGED?**  Yes  No

If yes, explain fee(s) to be charged: \_\_\_\_\_

\*\*For use of Library program room, commercial transactions (selling), charging fees and soliciting (including asking attendees personal information or to sign attendance lists) are prohibited.

**WILL FOOD/BEVERAGES BE SOLD/SERVED/ALLOWED?** Sold Served Allowed None  
**WILL THERE BE FOOD/BEVERAGE VENDORS?** Yes No  
**WILL ALCOHOL BE SOLD/SERVED/ALLOWED?** Sold Served Allowed None  
**WILL THERE BE LP-GAS COOKING?** Yes No

**IF YES TO ANY OF THE ABOVE PLEASE EXPLAIN:** \_\_\_\_\_

\*\*All food/beverage vendors must meet the Milford Health Department regulations, which are available at the Milford Health Department. Serving and/or allowing alcohol requires Liquor Liability Insurance and an additional permit, which is available in the Recreation Department.

**WILL THERE BE AMPLIFIED SOUND?** Yes  [ **Type:** Live Band Amplified Music DJ PA System  
 Amplified sound is allowed Sunday-Thursday from 9a to 8p and on Friday & Saturday from 8a to 10p. The peace and quiet of the surrounding neighborhoods should not be disturbed by the amplified sound from this event. In the cases of complaints, the police may respond to determine the reasonableness of the level of sound. If it is determined that the level of sound is unreasonable the police have the right to terminate the permit.

**DESCRIBE SET UP & CLEAN UP PLANS:** \_\_\_\_\_  
 Applicants may be required to submit diagram of setup

**ARE YOU REQUESTING ANY OF THE FOLLOWING ITEMS FROM THE CITY?** (Not all items are available at all locations. Additional Fees may apply)

Electricity     Garbage Cans     Safety Fencing     Tables/Chairs     Restrooms     Other

**EXPLANATION FOR REQUEST:** \_\_\_\_\_

**WILL YOU BE REQUESTING TO PLACE A SIGN ON PUBLIC PROPERTY TO ADVERTISE THIS EVENT?**

Yes  No

If yes, you must complete a separate application form "Permit to Place Sign on Public Property. This may be obtained from the Recreation Department.

**DEPARTMENT SIGN OFF'S:**

_____ Fire Marshal	_____ Date	_____ Public Works Director	_____ Date
_____ Police Department	_____ Date	_____ Recreation Director	_____ Date
_____ Building Maintenance	_____ Date	_____ Health Department	_____ Date

Special Instruction: \_\_\_\_\_

All fees payable by cash, money order or bank check. Check shall be made payable to the City of Milford. Cleanup Bond to be paid by separate money order or bank check. Police and Fire to be paid directly to those departments. At least two (2) business days prior to the event the Applicant shall contact the Public Works Department at (203) 783-3265 to confirm the availability of any special items that have been requested. Restroom keys may be obtained from the Recreation Department one (1) business day prior to the event and must be returned on the first business day following the event. A \$20.00 key deposit is required.

Rules and regulations governing the use of the requested facility are attached. The Applicant hereby acknowledges that it has read and will adhere to all applicable rules and regulations. Additional rules and regulations may apply. Please consult the appropriate City Department(s). Any violation(s) of these rules and regulations shall be cause to revoke this and/all other permits of the Applicant. The City reserves the right to deny an application for any reason, including but not limited to inadequate insurance coverage as determined by the City in its sole discretion.

The aforesaid Applicant agrees to provide a Certificate of Insurance and Indemnification Agreement satisfactory to the City of Milford.

\_\_\_\_\_  
(Signature of Applicant) (Title) (Organization)

\_\_\_\_\_  
(Date) (Non-Profit 501c3 Number)

# COMPLETE FOR USE OF VETERANS MEMORIAL AUDITORIUM ONLY:

Contact Public Works at 203-701-4542 to confirm availability

## SHOW TIME(S)

---

## REHEARSAL, SET UP OR OTHER PREPARATION

Dates you wish to reserve facility:  
\_\_\_\_\_ to \_\_\_\_\_

Which rooms do you expect to use:  
\_\_\_\_\_

Times you wish to reserve facility:  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What time do you want doors opened?  
\_\_\_\_\_

State any equipment needed  
(tables, microphones, etc.)

What time do you expect to leave?  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EVENT, PERFORMANCE OR SHOW

Dates you wish to reserve facility:  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Times you wish to reserve facility:  
\_\_\_\_\_ to \_\_\_\_\_

State any equipment needed  
(tables, microphones, etc.)

What time do you want doors opened?  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What time do you expect to leave?  
\_\_\_\_\_

Which rooms do you expect to use:  
\_\_\_\_\_  
\_\_\_\_\_

**INDEMNITY AGREEMENT**

**INDEMNITOR:** \_\_\_\_\_  
(Name of Applicant / Organization / Event Holder)

**EVENT:** \_\_\_\_\_

**DATE(S) OF EVENT:** \_\_\_\_\_

In consideration for permission to hold the above-described event within the territorial limits of the City of Milford on the aforesaid date(s) the above-named **INDEMNITOR** does hereby indemnify and hold harmless the **CITY OF MILFORD** for any and all claims for damages or injury to persons or property to the extent of the **INDEMNITOR'S** insurance coverage as required by the City of Milford which may arise out of the **INDEMNITOR'S** use of the public places, which are accepted in an "as is" condition. Indemnification shall include the duty to expend reasonable attorney's fees for the defense of any such claim. Except as to general premises liability, it is understood and agreed that indemnification does not extend to claims for injuries or damages which are caused by the negligence or other misconduct of City officials or employees on the day(s) of the above-described event, and does not extend to any location not under the control of the **INDEMNITOR** and does not extend to circumstances which are completely unrelated to the activities of the **INDEMNITOR**. The **INDEMNITOR** shall provide the City of Milford with a Certificate of Insurance in the amount and form acceptable to the City.

This Agreement shall supersede any and all indemnity or hold harmless agreements previously executed for the above-named **INDEMNITOR** to be held on the aforesaid date(s), and has been approved by the Milford City Attorney's Office as sufficient to constitute the sole indemnity agreement for the above-described event between the **CITY OF MILFORD** and the above-named **INDEMNITOR**.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 17.

**In the Presence of:**

**INDEMNITOR:** \_\_\_\_\_  
(Name of Applicant / Organization / Event Holder)

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

(Printed Name of Person Signing)  
Its \_\_\_\_\_, duly authorized  
(Title)

**STATE OF CONNECTICUT**      )  
                                                  )  
**COUNTY OF NEW HAVEN**    )

**ss.**

\_\_\_\_\_, 2017

Personally appeared \_\_\_\_\_ signer  
(Name of Applicant / Organization / Event Holder)  
and sealer of the foregoing instrument, by \_\_\_\_\_ its duly  
(Name of Person Signing)  
authorized and who acknowledged same to be \_\_\_\_\_ free act and deed, before me.  
(His/Her)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:



# City of Milford, Connecticut

Founded 1639

## INSURANCE REQUIREMENTS FOR USE OF CITY FACILITIES

The City's insurance requirements for the use of City Facilities have changed effective January 1, 2016. The City now requires limits in the amount of:

General Liability:	\$1,000,000.00 per occurrence
General Aggregate:	\$2,000,000.00
Excess:	\$2,000,000.00

Please provide your insurance agent with a copy of this notice prior to submitting your Certificate of Insurance to the City. Certificates of Insurance are required to be submitted to the City of Milford, together with your application for use of the facility, at least one (1) week prior to the date of use and **must**:

- 1) Identify the City of Milford as a certificate holder
- 2) Name the City of Milford and Milford Board Education, its Governing Board, Official, Agents and Employees as additional insureds.
- 3) Include the language "on a primary, non-contributory basis" and "waiver of subrogation applies in favor of the City of Milford and Milford Board of Education and all other required parties". **Copies of the endorsements for the additional insured and primary non-contributory, waiver of subrogation language must be provided.**
- 4) Events where alcoholic beverages will be served / sold must include Liquor Liability coverage with limits \$1,000,000 per occurrence and \$2,000,000 aggregate
- 5) Sports Leagues / Camps / Clinics must include Sexual Abuse and Molestation coverage with limits of \$1,000,000 per occurrence and \$2,000,000 aggregate

The City of Milford reserves the right in its sole discretion to require additional insurance.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Date of Policy

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent Name & Address	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL:		
	ADDRESS:		
	PRODUCER CUSTOMER ID #:		
INSURED Applicant's Name & Address	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company Issuing Coverage		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES      CERTIFICATE NUMBER: CL1332803492      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					PERSONAL & ADV INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 2,000,000
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			OTHER	
	DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$
	Liquor Liability (if serving alcohol)					E.L. DISEASE - EA EMPLOYEE	\$
	Sexual Assault & Molestation (if a Sports Camp / League)					E.L. DISEASE - POLICY LIMIT	\$
							1,000,000 / 2,000,000
							1,000,000 / 2,000,000

# SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
ADDITIONAL INSURED: THE CITY OF MILFORD AND MILFORD BOARD OF EDUCATION ITS GOVERNING BOARD, OFFICIAL, AGENTS AND EMPLOYEES 110 River Street MILFORD, CT. 06460 INSURANCE IS PRIMARY AND NON-CONTRIBUTORY WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE CITY OF MILFORD AND MILFORD BOARD OF EDUCATION AND ALL OTHER REQUIRED PARTIES

CERTIFICATE HOLDER  City of Milford 110 River Street Milford, CT 06460	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Policy Number:  
Insured:

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of Milford 110 River Street Milford, CT 06460
Information required to complete this schedule, if not shown above, will be shown in the Declarations.

**SAMPLE**

**Section II - WHO IS AN INSURED** is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

To the extent that any of the additional insureds named herein is liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Person Or Organization:**

CITY OF MILFORD, MILFORD BOARD OF EDUCATION, ITS GOVERNING BOARD, OFFICIALS,  
AGENTS AND EMPLOYEES

**SAMPLE**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



*City of Milford, Connecticut*

-Founded 1639-


70 West River Street - Milford, CT 06460-3317

Tel 203-783-3280 Fax 203-783-3284

[www.milfordrecreation.com](http://www.milfordrecreation.com)



TO: League & Organizations Presidents and Event Coordinators

FROM: Paul Piscitelli, CPRP  
Director of Recreation 

SUBJECT: Smoke & Tobacco Free Policy

DATE: April 21, 2015

Please be advised that the Milford Park, Beach and Recreation Commission approved a Smoke and Tobacco Free Policy for all Recreation Facilities under its jurisdiction at its April 2015 meeting. A copy of the policy is enclosed.

The policy provides, in relevant part, that, “[it] shall apply equally to all organizations and persons using Recreation facilities, and their use of the facilities is contingent upon compliance with policy.” Thus, the policy applies to your organization’s use of City’s Recreation facilities.

The City will post signs, in the form attached, at all recreation facilities. In addition, the City will publicize the adoption of this policy to inform and educate the public in an effort to ensure cooperation and adherence with same.

Thank you for your cooperation and support of this policy. If you have any questions or concerns, please do not hesitate to contact me.

Enclosures

Cc: Benjamin G. Blake, Mayor  
Jonathan Berchem, City Attorney  
Dan Worroll, Chairman – Parks, Beach and Recreation Commission

**WHEREAS**, the Milford Park, Beach and Recreation Commission is committed to maintaining and improving the health and well-being of the community; and

**WHEREAS**, the Milford Park, Beach and Recreation Commission recognizes that medical research has proven that smoking and the use of tobacco products poses a significant risk to the health of the smoker and the non-smoker, and the Commission accepts the belief that adults should be positive role models and should exhibit healthy and positive behaviors; and

**WHEREAS**, cigarettes, often discarded on the ground when consumed in public places, diminish the beauty of the City's recreational facilities and poses a risk to children; and

**WHEREAS** the Milford Park, Beach and Recreation Commission determined that the prohibition of tobacco product use at the City's recreational facilities serves to protect the health, safety, and welfare of the citizens of our City.

**NOW, THEREFORE BE IT RESOLVED** by the Milford Park, Beach and Recreation Commission that all City recreational facilities shall be smoke and tobacco free zones.

#### Section 1

No person shall use any form of tobacco at or on any City-owned or operated outdoor recreational facilities, including the restrooms, spectator and concession areas. These facilities include, but are not limited to, athletic fields, beaches, parks, playgrounds, recreation/community centers, skate park, tennis / basketball courts, and walking/hiking trails.

The use of tobacco products is permitted in designated parking areas.

This smoke and tobacco free policy shall apply equally to all organizations and persons using Recreation facilities, and their use of the facilities is contingent upon compliance with policy.

#### Section 2

Appropriate signs shall be posted at all areas that prohibit the use of tobacco products.

The community, especially facility users and staff, will be notified about this policy.

Staff will make periodic observations of recreational facilities to monitor compliance.

Any person found violating this policy shall be subject to immediate ejection from the recreation facility and may further be denied access to such facility in the future.

#### Definitions

As used herein, the terms "smoke " or "smoking" shall mean the use of any tobacco products including, but not limited to, the lighting or carrying of a lit cigarette, cigar, pipe or similar device; or the use of smokeless tobacco products e.g. electronic cigarettes or chewing tobacco.

As used herein, the term "recreation facilities" shall mean any outdoor area owned or operated by the City of Milford and open to the general public for primary recreational purposes, regardless of any fee or age requirement including but not limited to beaches, picnic areas, playgrounds, sports or athletic fields, bleachers, walking paths, gardens, hiking trails, bike paths and dog parks.

This Recreation Facility is  
**SMOKE & TOBACCO  
FREE**



We Appreciate Your Cooperation

Per Policy of the Park, Beach and Recreation Commission  
(Adopted April 2015)



MILFORD HEALTH DEPARTMENT  
82 NEW HAVEN AVE.  
MILFORD, CT 06460  
203.783.3285

